



KURZWEIL REMOTE – LICENSE QUARTERLY FORM

To: Daminna Standfield | Assistive Technology Coordinator | Fax: 510-885-4365

AS|PI Counselor Name: _____

Date: _____

Student Name: _____

Net ID: _____

Student's Horizon Email Address: _____@horizon.csueastbay.edu

Have you used Kurzweil License To Go before *or* have you had prior training in Kurzweil? Yes No

Do you have the Kurzweil License To Go installed on your computer? Yes No

Which system do you have? Windows Version _____ Mac Firefly

This program requires internet access. If you do not have internet access, please contact the Accessible Technology Services Office (ATSO) for an alternative.

Incomplete requests will not be considered. The license is valid on a quarterly basis and needs to be renewed for each successive quarter.

ATTACH COURSE SCHEDULE: Attach a copy of your course schedule. This can be found on the "my class schedule" page of MYCSUEB.

By signing below, the student agrees that the Accessible Technology Services Office at California State University, East Bay may discontinue and/or suspend the usage of the Kurzweil Remote License client for reasons related to either abuse/illegal use of the program or for maintenance purposes without prior notice.

Signature of Approving Assistive Technology staff

Signature of Student

Date

To be filled out by the Accessible Technology Services Office only

Winter Spring Summer Fall 20_____